

**IN-SERVICE TRAINING COURSE
REQUEST FOR REGISTRATION**

Authority: P.A. 203 of 1965
Completion: Voluntary
Penalty: No Course Registration

Only the **ORIGINAL** of the request should be sent to:
Michigan Commission on Law Enforcement Standards
Career Development Section
7426 North Canal Road, Lansing, MI 48913

MCOLES USE ONLY

Course Code: IT Code:
Course Number:
Type of Request: ☐B ☐A ☐SP ☐S ☐M ☐R

1. Agency Name: Address:		2. Date:	
3. Course Title/Classification:			
4. Course Coordinator:		Phone Number:	E-mail:
5. Contact Person:		Phone Number:	E-mail:
6. Instructor(s): (Attach an instructor resume for each instructor who will teach this course)			
7. Required Hours Per Day:	8. Total Course Hours:	9. Student/Instructor Ratio:	
10. Who is the Intended Audience?			
11. Is this course for your agency's officers only or open to law enforcement officers from other agencies? (Open courses will be published in the In-service Training Registry.) Applicant Agency Only Open to Law Enforcement			
12. Please Provide a Brief Description of the Course:			
13. Recertification/Skill Maintenance Requirements:			
14. Attendance Requirements:		15. Facility and Equipment Requirements:	
16. Dates and Locations that this training will be presented:			
17. What are the required text(s) or reading assignments?			
18. What are the methods of instruction?			
19. What is the need for this course?			
20. What is the relationship of this course to others?			
21. What are the completion requirements for this course?			
22. Course Syllabus/Outline: (Provide as an Attachment With This Request)			
23. Performance Objectives: (Provide as an Attachment With this Request)			

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INSTRUCTIONS

Read these instructions carefully before completing the form. The form should be typewritten. Complete all sections of the form. Attach additional sheets as necessary to completely answer all questions. Do not leave a section blank. Be sure to attach all required documentation; i.e. Instructor Resumes, Course Outline/Syllabus, and Performance Objectives. Missing and incomplete information will prevent us from processing your request. Please allow six weeks for processing.

Form Completion

1. Enter the name of the Agency requesting course registration and the complete mailing address.
2. Enter the Date that the request was completed.
3. Enter the Title of the course or its Classification.
4. Enter the Name of the Course Coordinator and his/her phone number. This is the person who would be responsible for answering any questions pertaining to this course and/or the completion of this form.
5. Enter the Name of the Contact Person and their telephone number. This should be the person that will handle all forms and submissions to the Michigan Commission on Law Enforcement Standards.
6. Attach an instructor resume for each instructor who will teach this course.
7. Enter the number of hours each day that the participants will be in class.
8. Enter the total number of hours of the program.
9. Enter the ratio of students to instructors.
10. Indicate who is the intended audience; e.g., law enforcement supervisors, tactical team members, etc.
11. Indicate whether the registration is for your officers only, or open to other law enforcement officers. (Open courses will be listed in the In-Service Training Course Registry.
12. Provide a description of the training program and attach a copy of any available brochure.
13. Indicate the requirements that are needed to maintain the certification in this skill area.
14. Enter the required amount of time the participant must be in class in order to have successfully completed the course.
15. Indicate any special facility and equipment requirements that may be needed for this program; e.g., firearms range, computers, etc.
16. Indicate all dates and locations where this training is scheduled to be presented.
17. Indicate all reading assignments and texts that will be used.
18. Indicate the methods of instruction; e.g. lecture, field work, independent study, group projects, etc.
19. Indicate why this training is needed.
20. Indicate the relationship of this course to others; e.g. is it enhancing another skill area or program.
21. Indicate the completion requirements for this course; i.e. will the participant have to pass a written or skills test.
22. Attach a course Syllabus/Outline with this request.
23. Attach the Performance Objectives for this course with this request.

Mail the completed form with all of the required attachments to:

Michigan Commission of Law Enforcement Standards - Career Development Section
7426 North Canal Road, Lansing, MI 48913